OFE 4051



## **Application Data Sheet**

# **Application Information**

Application number:: 10/648,464

Filing Date:: 08/25/03

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: 3738

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: INTERVERTEBRAL SPACER DEVICE

HAVING A SLOTTED PARTIAL CIRCULAR

DOMED ARCH STRIP SPRING

Attorney Docket Number:: SPINE 3.0-446 CIP III CONT

Request for Early Publication?:: No

Request for Non-Publication?:: No

Small Entity?:: No

Petition included?::

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: James

Middle Name:: D.

Family Name:: Ralph

City of Residence:: Seaside Park

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: P.O. Box 99

City of mailing address:: Seaside Park

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 08752

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stephen

Family Name:: Tatar

City of Residence:: Montvale Montville

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 45 Upper Mountain Avenue

City of mailing address:: Montvale Montville

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 07045

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Joseph

Middle Name:: P.

Family Name:: Errico

City of Residence:: Green Brook

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 29 Deer Path Circle

City of mailing address:: Green Brook

State or Province of mailing address:: NJ

Postal or Zip Code of mailing address:: 08812

#### **Correspondence Information**

Correspondence Customer Number::

Representative Information

Representative Customer Number::

51640

000530

## **Domestic Priority Information**

| Application::    | Continuity Type::       | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------------|----------------------|----------------------|
| This Application | Continuation of         | 10/035,669           | 11/09/01             |
| 10/035,669       | Continuation-in-part of | 09/982,148           | 10/18/01             |

### **Foreign Priority Information**

# **Assignee Information**

Assignee name::

SpineCore, Inc.

Street of mailing address::

475 Springfield Ave

4th Floor

City of mailing address::

Summit

State or Province of mailing address::

NJ